9th Island Cultural Club of Las Vegas™



2021 - Membership Application

Vame:	First Name:	Middle Initia
		e / Zip Code:
		Cell Phone:
Email:		
*If Corporate Sponso	rship – Company Name	
********Spouse In	formation*******	
Last Name:	First Name:	Middle Initia
		e / Zip Code:
		Cell Phone:
	Must check applicable Memb \$20 Single (18+ Years)	alendar Year (JanDec.) bership Type below.
	Must check applicable Memb	*
	Must check applicable Memb	pership Type below.
	Must check applicable Memb \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children)	pership Type below.
	**Must check applicable Members* \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary Student)	pership Type below.
	**Must check applicable Members* \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary Student) \$10 Sr. Citizen (60+ Years or Older)	pership Type below.
	**Must check applicable Members* \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary Student) \$10 Sr. Citizen (60+ Years or Older) \$50 Corporate Sponsor (Business)	School Required)
Name:	**Must check applicable Membership with Chis. **So Single (18+ Years) **30 Family (2 Adults, 3 Children) **10 Student (Enrollment in a Post-Secondary Student (50+ Years or Older)) **50 Corporate Sponsor (Business) OTHER: Family Membership with Chis.	School Required) Idren (if applicable)
	**Must check applicable Membership (18+ Years) \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary States of Older) \$50 Corporate Sponsor (Business) OTHER: Family Membership with Children Date of Birth: (Membership)	dership Type below. School Required) Idren (if applicable) Age:
	**Must check applicable Membership (18+ Years) \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary States of Older) \$50 Corporate Sponsor (Business) OTHER: Family Membership with Children Date of Birth: (Membership)	School Required) Idren (if applicable)
Name:	### Substitute of Birth: (Management of Birt	dership Type below. School Required) Idren (if applicable) Age:
Name: Signature:	**Must check applicable Membership (18+ Years) \$20 Single (18+ Years) \$30 Family (2 Adults, 3 Children) \$10 Student (Enrollment in a Post-Secondary States of Older) \$50 Corporate Sponsor (Business) OTHER: Family Membership with Children Date of Birth: (Manage of Birth: (Mana	Cchool Required) Idren (if applicable) Age:AM/DD) Age:
Name: Signature: <mark>Please check all</mark>	### Substitute of the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable Membership with Chicago and the contact for club as a policable with the contact	Dership Type below.
Name: Signature: <mark>Please check all</mark> Home Phone	### Substitute S	chool Required) Idren (if applicable) IM/DD) Age: IM/DD) Age: Date:

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